

State of California
CONTRACT AMENDMENT REQUEST
Form CG003 (Revised 07/97)

Board of Corrections
Corrections Planning and Program Division
Juvenile Crime Enforcement and Accountability Grant (JCE&ACG)

A. County:

Contract Number:

Grant Dates: From _____ To _____ Amendment Number:

B. Section of contract to be considered for amendment:

C. Justification for amendment:

D. Requested specific contract language:

PERSON PREPARING REPORT

PROJECT FINANCIAL OFFICER

PROJECT MANAGER

Signature

Signature

Signature

Name

Name

Name

Title

Title

Title

Date

Date

Date

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Telephone

Telephone

Telephone

Mail to: Board of Corrections, 600 Bercut Drive
Sacramento, California 95814-0185

Approval: _____ Date: _____
Board of Corrections